

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLZ/SSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SPA	63964	3-21-01

09/17 86248

INDEX OF CLAIMS

☒ Rejected N Non-elected
☐ Allowed I Interference
☐ (Through numeral) Canceled A Appeal
☐ Restricted O Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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